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CORRENT CORRESPONDENCE VIDINESS (More: One BIOCK), for any cavalle of amment			Fee(s) Transmittal. Thi	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
23643 7590 01/20/2006			have its own certificate			
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APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/824,753 04/15/2004 Milan		Milan C. Mara	wich	5723-73575	7043	
TITLE OF INVENTION: DRINK CUP AND LID						
APPLN. TYPE SMALL ENT	ITY ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional NO	\$1400)	\$300	\$1700	04/20/2006	
EXAMINER ART UN		IT	CLASS-SUBCLASS			
NGO, LIEN M 3754			220-792000			
1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list Barnes & Thornburg						
CFR 1.363). Change of correspondence address (or C Address form PTO/SB/122) attached.	(1) the names of up to 3 registered patent attorneys agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agent, if no name is 13 listed, no name will be printed.					
"Fee Address" indication (or "Fee Addr PTO/SB/47; Rev 03-02 or more recent) att Number is required.						
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)						
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Berry Plastics Corp	Evansville, Indiana					
Please check the appropriate assignee category or categories (will not be printed on the patent):						
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):						
☑ Issue Fee	A check in the amount of the fee(s) is enclosed.					
			Payment by credit card. Form PTO-2038 is attached.			
Advance Order - # of Copies ZZ The Director is hereby authorized by charge the required fee(s), or credit any overpaymen Deposit Account Number 10-0435 (enclose an extra copy of this form).					copy of this form).	
5. Change in Entity Status (from status indicated above)						
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).						
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Authorized Signature 0	nard G. Re	zlk_	Date	April 11, 2006	5	
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